

STATE HOSPITAL UTILIZATION PLAN

Effective July 1, 2007

Historical Allocations

The bed day allocation plan in 2003 indicated that each LME's initial bed day allocation was based on an average utilization of beds during fiscal years 2000 through 2002. It was anticipated that during the mental health transformation years of 2003 through 2007 that beds would be utilized less at the State Psychiatric Hospitals. In addition, it was anticipated that admissions would decrease due to more availability of appropriate community services as Area Authorities divested of services and became LMEs. The goal was to transfer funds to the community when the hospitals were downsized and to recalculate the bed day utilization formula that would be in direct proportion to the population of each LME within the assigned State Psychiatric Hospital region.

Current Status of Allocations and Admissions

As you know, in actuality, State Psychiatric Hospital admissions have continued to increase for each hospital since 2003. Although bed day utilization has reduced for some LMEs, admissions have increased overall, stretching staffs and resources to accommodate the high number of acute admissions. Although a policy has been implemented to divert admissions when the State Hospitals are at 110% capacity overall, admissions continue to remain at the highest levels since 2003.

Planning for the FY 2007-2008 Hospital Utilization Plan

A committee was formed consisting of ten LME Directors, a representative from the NC Council of Community Programs, DMH staff and a State Psychiatric Hospital Director to discuss issues with the current plan and to offer strategies for the new plan. The committee met 3 times (December 8th, February 19th and June 14th) in FY 2006-2007 in order to assist State Operated Services in developing a more equitable plan that would meet the needs of patients requiring State hospital admission.

FY07/08 Hospital Utilization Plan

The primary features of the Hospital Utilization Plan for FY07/08 are as follows:

- Bed day utilization will be tracked for all beds. A benchmark for each LME has been established based on an equitable per capita share of bed days.
- Admissions will be tracked for Adult Admissions, Geriatric Admissions, Adolescent Admissions Units. Benchmarks for admissions to these units are based on admissions by LME for FY06-07 to each unit, less 20%.
- The Plan will be based on the proposed 3 Region Model even though there will continue to be 4 regions during the first part of the fiscal year. Benchmarks for bed day utilization are based on beds available at the State hospital to which the LME will admit once the 3 Region Model is implemented. See the attached spreadsheet that reflects the 3 regions.
- There are no penalties or incentives included in the Plan for FY07-08. Hospital utilization (admissions and bed days) will be tracked during this year of transition to the 3 Region Model, and the Division will continue to work with the

Hospital Utilization Committee to identify potential future incentives and penalties.

Allocation Categories

The following beds will require LME authorization. Admissions (except Adult Long Term) and bed day utilization will be tracked and compared to established benchmarks.

- Adult admissions
- Adult long-term
- Geriatric admissions
- Adolescent admissions

Utilization of the following beds do not require authorization, but will be tracked and monitored for each LME:

- Medical/Nursing
- Child
- PRTF
- Deaf
- Research
- Forensic

Authorization

The LME will continue to be responsible for authorizing all admissions and continued stays of patients in the identified bed categories. To provide guidance in initial authorizations, following are the minimum number of days that must be authorized for new admissions:

- Adult and geriatric admissions: 3 days
- Adolescent admissions: 6 days
- Adult long-term admissions: 10 days

The policy and procedure for using the Regional Referral Form for authorization to a State Psychiatric Facility is to be followed.